

Testimony to the Insurance and Real Estate Committee
SB 1085 An Act Concerning Health Coverage for Mental or Nervous Conditions
March 17, 2015

Senator Hartley, Representative Crisco, and members of the Insurance and Real Estate Committee:

My name is Margaret Watt and I am a registered voter in the City of Norwalk. I am also the Executive Director of the Southwest Regional Mental Health Board.

I am writing today in support of SB 1085 AAC Health Coverage for Mental or Nervous Conditions.

The general public usually assumes that it's better to have private insurance than public insurance, but ironically when it comes to behavioral healthcare, the reverse is true. The state of CT, through the Department of Mental Health and Addiction Services, recognizes that the nature of mental health and addiction issues can require a wide range of customized services beyond therapy and medication. For most individuals with severe mental illness, case management is a necessity. For those with the most severe and persistent conditions, services may include community outreach, supported education, supported employment, and supportive housing. None of these are available in the private sector.

In our recent series of Community Conversations on Mental Health throughout southwestern CT we heard heartbreaking stories from parents and individuals who were in desperate need of support but could not obtain it. People regularly report that their insurance companies don't cover the services they need. One mother was finally able to get her high-school daughter help through a program that offered DBT, the only type of therapy that her daughter responded to, but then their insurance company stopped paying for it. The mother was unable to find any DBT program that would take her insurance, and she could not afford to pay out of pocket. She went to the Office of the Healthcare Advocate and to the Attorney General's office looking for help, because of the severity of the problem. Her daughter was expressing suicidal intent and the mother knew what was needed to help her, but couldn't access it. Would any of us want to go through that with our child?

I am attaching as part of my testimony a fact sheet we developed about the need to provide comprehensive, integrated care for behavioral health conditions. I strongly support a bill to require private insurance companies to cover supportive services such as case management, increased screenings, and easier access to both outpatient and inpatient treatment, including longer stays where indicated.

Thank you.

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Briefing Notes: Mental Health Priorities

Access to Comprehensive Care

What Care is Needed? What is Wraparound Care?

Mental health and substance use conditions can be chronic and complex issues, affecting multiple aspects of a person's life: cognitive, social-emotional, physical, educational, employment, and more. These disorders are best addressed through a comprehensive array of "wraparound" services, such as those available in the public mental health system.

- Wraparound care is an effective, person-centered model of care that focuses on the individual's needs across multiple domains and settings. Used in children's mental health, wraparound care involves the family in planning and decision making related to therapeutic, social, academic, in-home, and other support services.
- The concept is also inherent in the Recovery Orientation philosophy of the adult mental health system. Under this model, one person with a mental illness may only receive therapy or medication, while another may also receive services such as case management, Assertive Community Treatment, supported education, supported employment, supportive housing, or peer support, as needed.

Why is this Issue Important?

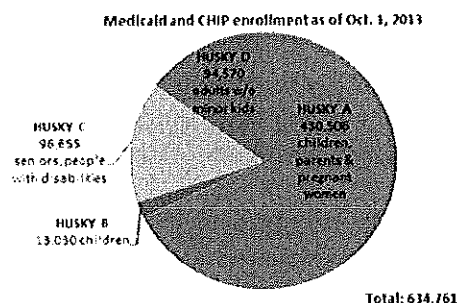
Mental health and substance use disorders affect one in five people—more than 720,000 people in Connecticut. Families throughout the state have been financially as well as emotionally devastated by mental health disorders because of challenges in accessing the services they need. Today's private insurance system is not person-centered or recovery-oriented. Counterintuitively, when it comes to accessing a package of proven and cost-effective recovery-oriented services, those with public or no insurance have better access than those with private insurance.

For those with public insurance, the Department of Mental Health and Substance Abuse (DMHAS), the Department of Children and Families (DCF), and the Department of Social Services (DSS) offer a comprehensive array of community-based behavioral health services and supports. A case manager or care coordinator plays a critical role in assisting the client and family to develop a plan, identify services, connect with supports, or transition from one system to another.

"I wouldn't want my child on Medicaid for medical reasons... but if I had a young adult with a psychiatric disorder, I'd want them on Medicaid because then they'd be eligible for our system."

-Pat Rehmer, Commissioner, DMHAS

Coverage for Mental Health Services in Connecticut



Commercial insurance companies and self-insured employers currently provide coverage to more than 80% of Connecticut residents. Typically, these insurance plans cover only therapy and/or medication. Anthem received significant press in 2013 for contracting with the Wheeler Clinic to cover intensive in-home behavioral health services for children. Anthem expects this program to pay for itself by reducing unnecessary hospital-based treatment.

Connecticut's **Medicaid** program covers medical and behavioral health care for over 634,000 state residents through HUSKY A, B, C, and D. Together with Med-CONNECT, these programs provide coverage to all children, low income parents and seniors, pregnant women, people with disabilities, and any adult with very low income. Clients have a case manager and can access an array of services.

People who are **uninsured** can receive mental health services from nonprofit community organizations based on sliding-fee scales. They can also be served by the state-operated facilities. In the past year, many have gained insurance through the **Affordable Care Act**, although some later realized that the ACA plan options differed significantly in terms of coverage, copays, and cutoffs for behavioral health. More education on choosing the right plan is needed.

Challenges in Accessing Comprehensive Mental Health in CT

Clients and families struggle to navigate the patchwork system of public agencies and insurance carriers. Challenges include:

- Unequal information, coverage, and support in the public and private sectors, including lack of agreed-upon definitions of medical necessity criteria and other elements related to the mental health parity law.
- Failure of private insurers and self-insured employers to cover the costs of case management and other supportive services, resulting in a cost-shift to individuals and the state.
- Shortages of clinicians who accept insurance. Many providers, such as psychiatrists and psychologists, are requiring clients to pay out of pocket, leaving it to them to seek reimbursement from their insurance companies. The cost per session may be in the hundreds—a significant barrier, putting therapy out of reach for many.
- Need for more Assertive Community Treatment (ACT) teams to engage those with severe and persistent mental illness in the community. In 2013-14, the state added 5 ACT teams, but there are many areas of the state with no such outreach, and this type of engagement is not available to those with private insurance.
- Shortages of prescribers. In CT, psychiatrists and Advanced Practice Registered Nurses (working under the supervision of a psychiatrist or on their own after 3 years' supervision) can prescribe. To address the shortage of prescribers, telehealth consultations with child psychiatrists are being introduced to support pediatricians in medication management. Some states enable other providers, such as psychologists, to prescribe.
- Shortages of bilingual providers of all kinds: psychiatrists, psychologists, social workers.

"An effective system must be reorganized to include pooled funding across all payers – public and private."

-Joette Katz, Commissioner, DCF

Legislative & State Action in 2014

- Funds were allocated to develop the information and referral service at the Office of the Healthcare Advocate.
- The Task Force to Study the Provision of Behavioral Health Services for Young Adults recommended the creation of a set of uniform standards and definitions across public and commercial insurers regarding the range of behavioral health services to provide; the criteria for receipt of services, including outpatient, community-based intensive outpatient services, and inpatient services; and the definitions of medical necessity.
- The CT Behavioral Health Plan for Children, released in October 2014 under PA 13-178, aims to streamline and integrate services and funding in the public sector, using a Care Management Entity to coordinate care, and recommends incentivizing private insurance to participate.

What Can Legislators Do?

- Support legislation that standardizes definitions and services across the public and private insurance sectors, including implementation of the new CT Behavioral Health Plan for Children.
- Encourage private insurers and employer-based health plans to recognize the success of wraparound services and support their availability to the privately insured across the lifespan.
- Support increases in Medicaid reimbursement rates and encourage clinicians to accept Medicaid patients.
- Support legislation and resources to develop the behavioral health workforce and to enable a broader range of providers to prescribe medication.